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ABSTRACT

This annotated bibliography on aging and related issues is written for gerontology researchers to document current work in the field (1962 to 1982). The report covers five topic areas as they relate to the elderly: social networks, health, social services, rural living, and social support and health/stress. In addition, a short bibliography of books on aging in the areas of family relations, health, social services, and social network analysis is included. (BL)

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AGING RESEARCH:

A COMPILATION OF REFERENCES AND ABSTRACTS FOR AN ISSUE OF GROWING CONCERN

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AGING RESEARCH: A COMPILATION OF REFERENCES AND ABSTRACTS FOR AN ISSUE OF GROWING CONCERN

Marianne Goodfellow, Charles O. Crawford, Phyllis K. Mansfield, Deborah B. Preston and Rex H. Warland*

In the past two decades, a surge of research related to aging has occurred. Because of this, the field of gerontology is on the verge of leaving its infancy. But, this growth will not occur if researchers continually cover old ground. Innovation is needed in this time of restricted resources and a growing elderly population. Therefore, it seems important to review some of the research which has been completed.

This report presents references and abstracts of research articles in five topic areas. These topic areas include:

1) Social Networks and the Elderly

2) Health of the Elderly

3) Social Services and the Elderly

4) Rural Elderly

5) Social Support and Health/Stress

This last topic area has been included because of the relevance of stress and health to the independent living of the elderly. In addition, references for books on aging (i.e., family relations, health, social services), and social network analysis have been included.

Although there remains much literature which has not been cited, it is hoped that this report will bring researchers in the field of aging up to date with what has been accomplished in the areas covered.

This bibliography was prepared as part of Project No. 2441 of the Pennsylvania Agricultural Experiment Station at The Pennsylvania State University.

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Included in this paper are sections on the following: Social Networks and the Elderly; Social Support and Health/Stress; Rural Elderly; Survey Research in Social Support Networks; Health of the Elderly; Social Services and the Elderly; Aging: Family Relations, Health, and Social Services.

SOCIAL NETWORKS AND THE ELDERLY

Arling, Greg
1976 "Resistence to isolation among elderly widows." International Journal of Aging and Human Development 7(1):67-86.

The Widow's ability to resist isolation in old age--to either maintain the involvement of earlier years or develop new social networks may be conditioned by a number of different factors. Drawing upon a survey of 409 widows, age sixty-five and older, from the Piedmont region of South Carolina, this study concludes that good health and the ability of economic resources are the primary factors which facilitate involvement with family, neighbors and friends, and participation in a number and variety of daily activities. In addition, those widows who were more educated participated in more activities; those living in small towns and rural areas were more involved with family and friends; and white widows saw more of their children, while black respondents were more active and knew more of their neighbors. Finally, the availability and degree of contact with children was unrelated to other activities, while friendship and neighoring was positively associated with taking walks, shopping and attendance at religious serivces and other organizational meetings.

Babchuk, Nicholas
1979 "Aging and primary relations." International Journal of Aging and Human Development 9(2):137-151.

After listing all consaguinal and affinal kin, our sample of 800 respondents forty-five and older identified those with whom they felt very close and who among these were confidants. A parallel procedure was used to identify very close friends and confidant friends. These four types (primary relatives, confidant relatives, primary friends, confidant friends) were seen as constituting the primary-group resource of our respondents. Thirty of the 800 individuals lacked primary ties with kin, compared to 118 of 800 without primary ties with friends. While very few of the respondents were without very close ties of any kind, those with extensive primary-group resources were more likely to be women rather than men, younger rather than older, married rather than single, and in high rather than low-status occupations.

Brody, Elaine
1981 "'Women in the middle' and family help to older people." The Gerontologist 21(5):471-480.

The "woman in the middle" is the topic of the article. She is middle-aged, in the middle of opposing demands for her time and energy, by her own work, and her elderly parents' needs for caring. Demographic shifts toward more employment for women and a growing population of elderly make her situation more dramatic and demanding.

Surveying three generations of women, Brody found granddaughters to be very enthusiastic about providing help to the elderly, found middle-aged women much less so, and found grandmothers more comfortable with agency help.

Bultena, Gordon L.
1969 "Rural-urban differences in the familial interaction of the aged." Rural Sociology 34(1):5-15.

A recent theme in the sociological literature is that the urban aged are more isolated socially from family members than are the rural aged, and consequently experience greater problems of loneliness and feelings of neglect. Analysis was made of the frequency with which elderly persons in rural and urban communities in Wisconsin interact on a face-to-face basis with their adult children and siblings. It was found, contrary to theoretical expectations, that where there are differences in interaction levels, they favor the urban aged. The findings suggest that a deterioration in family ties from traditional patterns may be becoming more advanced in rural areas than in the city, where kinship groups apparently are being reconstituted and assuming increased importance as a result of a build-up of several generations of family members.

Coward, Raymond T.
Forthcoming "The other side of the coin: cautions about the role of natural helping networks in programs for the rural elderly." In Nick Stinnett (ed.), Building Family Strengths. Lincoln, Nebraska: The University of Nebraska Press.

Despite popular images of abandonment, research has repeatedly documented that most older Americans are deeply immersed in active, supportive networks comprised of family, friends and neighbors. In response to this reality, many communities have designed programs to enhance and facilitate the positive role natural helping networks can perform to assist elders to maintain their independent living and enhance the quality of their later life. This strategy has been especially appealing to rural practitioners because of its consistency with commonly held beliefs about the lives of the rural elderly and the delivery of

human services in nonmetropolitan communities. The significant role informal networks perform, however, does not erase the need for formal services. The primary challenge, therefore, for rural practitioners is to define and achieve the appropriate means for the two systems to interact in ways that maintain their individual integrity while permitting them to support older residents. Further, the acceleration of this movement, must be tempered by an accurate appreciation for the potential positive and negative effects inherent in the approach.

Croog, Sydney H., Alberta Long and Sol Levine
1972 "Help patterns in severe illness: the roles of kin network, non-family resources, and institutions." Journal of Marriage and the Family (February):32-41.

Findings are reported concerning differential perception of help patterns and use of kin, nonkin, and institutional resources by men during a time of recuperation from illness crisis. The study population consisted of previously well males who experienced a first myocardial infarction. Members of the kin group as well as friends and neighbors ranked similarly in degree of assistance reported. Minimal use was made of institutional and professional services, aside from contact with the physician. Type of aid given varied according to source, with nonkin such as neighbors providing services in higher proportion than kin, while parents and siblings were more prominent as sources of financial aid. Among the possible correlates of aid examined, only age of the patient was associated with types of help from various sources. Data on configurations of aid and on visiting patterns, it is suggested, may be interpreted through reference to level of social integration of individuals.

Dowd, James
1980 "Exchange rates and old people." Journal of Gerontology 35(4): 596-602.

This paper extends earlier work on aging as a process of exchange by focusing on the issue of exchange rates and how they are negotiated. Intergenerational social exchange is conceptualized as a "boundary crossing" in which the older partner must learn the decision rules appropriate to interaction within a younger stratum. Because of the power differential that, in many cases, favors the middle-aged partner, the "discourse" governing the exchange is typically that of the younger exchange partner. Age is an "exportable" status characteristic, one that is used to assess the legitimacy of a person's claim for a certain level of reward. Old age places the exchange partner in a double bind. Access to power resources declines with age, placing the person in the inevitable position of negotiating from weakness. In addition, those resources which he/she does possess are exchanged for less than they would be if held by a younger person.

Ethel Percy Andrus Gerontology Center
1977 Social and cultural contexts of aging. Los Angeles, California: University of Southern California.

The purposes of the research called for a comparison of three racial-ethnic groups (Blacks, Mexican Americans, and Whites), in order to describe the needs and problems of the three populationss, and to study how the experiences of aging are different among people of different backgrounds. The middle aged (45 to 64) were included because their attitudes toward the aged are important in this society, and because many of them are experiencing aging themselves in the events of widowhood, children growing up and leaving home, early retirement, etc. The "older people" are aged 65 to 74.

Ethel Percy Andrus Gerontology Center
1979 Family supports fact sheet. Los Angeles, California: University of Southern California.

This report investigates the various barriers which black, Mexican-American, and white elderly must overcome in order to maintain their independent living arrangements. In addition, this report examines the older person's attitudes concerning family obligations for assistance. To illustrate the differing perceptions of ethnic minorities about family obligation as well as barriers impeding independent living, the data is reported by ethnic group.

The data were drawn from an extensive "Community Survey" involving interviews with 1,269 blacks, Mexican Americans and whites between the ages of 45 to 74. The report points out that older people are not all alike; that some of the minority elderly have particular needs and problems; and also that the minority elderly have resources in themselves, their families, or their community ties, that can be drawn upon to improve the quality of their lives.

Gengler, Alfred P. and Nancy Goodrich
1979 "Wives of elderly disabled men: the hidden patients." The Gerontologist 19(2):175-183.

Elderly wives caring for disabled husbands have special needs and problems. Through interviews it was discovered that morale scores of disabled husbands and their wives were associated; although morale was generally low, it was possible to dichotomize the wives into high and low morale groups. Wives with low morale scores were particularly in need of support if institutionalization of the husband was to be minimized. Isolation, loneliness, economic hardship and role overload were the most frequently mentioned problems of the low morale wife.

Ferleger, Beatrice
1980 "Natural helping networks for the elderly: improving service delivery through the informal system." Research Utilization Briefs. New York: Community Council of Greater New York.

This paper describes three research studies that have documented the existence of the informal social support system. In addition, the paper defines and discusses an approach developed in a research and demonstration project which used consultation between the professional worker and the informal provider as a mechanism for strengthening the network. While the research studies show that children and relatives are a vital element in the informal support system, the major emphasis of this paper is on the helping neighbor, who is often the primary provider of assistance in the day-to-day living of the elderly person.

Freed, Anne O.
1975 "The family agency and the kinship system of the elderly." Social Casework (December):579-586.

Case-work oriented, this article describes different elderly living situations with various degrees of family support and relates these types of situations to Litwah's observations on the various kinds of family systems in our society.

French, Rod
1978 Report of the Wingspread Conference: strengthening families through informal support systems. Racine, Wisconsin: The Johnson Foundation.

Families do not live and function as isolated units, but have informal and complex relations with several networks that provide support and sustenance. These support systems--kin networks, voluntary associations, neighborhoods, self-help groups, ethnic and religious affiliations--were the subject of this Wingspread conference sponsored by the Coalition for the White House Conference on Families, in cooperation with The Johnson Foundation. The conference also discussed informal support systems as structures that mediate between individuals and "institutions of power," celebrated the diversity of American families and American culture, anticipated the White House Conference on Families, and debated the role of social service programs, the limits of government policies, and the relation of families to the state and to the helping professions.

Hickey, Tom and Richard L. Douglass
1981 "Neglect and abuse of older family members: professional's perspectives and case experiences." The Gerontologist 21(2): 171-176.

This paper provides a data-based framework for understanding domestic mistreatment of older people by family members. Professionals (N=228) were interviewed about their case experiences with neglect and abuse of the elderly. Most respondents worked with such cases on a regular basis, although neglect was more common than abuse. Several causes of mistreatment were suggested. It would appear that environmental contexts and situational problems serve to trigger such behavior that is primarily based in the flawed development of the perpetrator and in disordered family relationships.

Johnson, Colleen Leahy and Donald J. Catalano
1981 "Childless elderly and their family supports." The Gerontologist 21(6):610-618.

This paper reports on a small subsample of childless elderly whose social support systems were compared to a larger group of older parents. All individuals had recently been discharged from the hospital. Marital status was found to be the major determinant of the quality of the support received and the patterns of adaptation to childlessness in later life. The childless married were more isolated and tended to rely primarily upon each other, while the unmarrieds were more resourceful in using a long-term accumulation of social resources to meet their needs.

Kivett, Vira and Max R. Learner
1980 "Perspectives on the childless rural elderly." The Gerontologist 20(6):708-716,

A discriminant analysis was used to determine if rural childless older adults could be distinguished from those with children on the basis of several variables. Results showed few relative social, economic, or psychological consequences of being childless. Change in the life situations of childless adults such as poor health, death of a housing companion, or the inability to drive, however, would appear to leave this group with limited alternatives. The findings provide mounting evidence of the need to strengthen the informal helping networks of all older adults.

Litwak, Eugene and Ivan Szeleyi
1969 "Primary group structures and their functions: Kin, neighbors, and friends." American Sociological Review 34:461-481.

Technological development leads to new forms of primary group structure. It demands differential mobility which makes

traditional primary groups hard to maintain. However, it also provides mechanisms which permit new types of primary groups. Thus, contacts among extended family kin can be maintained despite breaks in face-to-face contact; neighborhoods can exist despite rapid membership turnover; and friendships can continue despite both of these problems. This is possible because technology permits rapid communication over distance and rapid group indoctrination. It is hypothesized that because of differences in structure, neighbors can best handle immediate emergencies; kin, long term commitments; and friends, heterogeneity. Data from Hungary and USA are used to illustrate the point.

O'Brien, John and Donna Wagner
1980 "Help seeking by the frail elderly: problems in network analysis." The Gerontologist 20(1):78-83.

A study of 361 urban frail elderly revealed an association between higher rates of social interaction and more reliance on informal aid but less reliance on formal agencies. Given the substantial degree of manifest "need" for services in this population, it may well be that informal social ties block proper access to useful services rather than lead to more humane and cheaper alternatives. That ambiguity points to the need for studies using primary data not only from the older person but also directly from members of the social network concerning help seeking episodes.

Robinson, Betsy and Majda Thurnher
1979 "Taking care of aged parents: a family cycle transition." The Gerontologist 19(6):586-593.

The experiences of adult children in caring for an aged parent are examined from a longitudinal perspective. Types of services rendered, perceptions and attitudes toward parents, and stresses evoked by the dependencies of the aged parent are explored. The coincidence of the parent's maximum demands with the child's own awareness of shrinking futurity exacerbates stress and conflict and underscores the need to identify ways for reducing stress in both generations.

Shanas, Ethel
1972 "The family as a social support system in old age." The Gerontologist 19(2):169-174.

Shanas describes two aspects of the family support system: family care for the elderly in time of illness and family visiting patterns. The data come from a 1975 national probability sample of noninstitutionalized elderly, 65+. Findings indicate that the family of the old person is the major social support of the elderly in time of illness, and the extended family provides the major

ties of the elderly to the community. Shanas states that these patterns are indicators of mutual expectations of each generation. Old people turn first to their families for help, then to neighbors, and finally to the bureaucratic replacements for families.

Shanas, Ethel
1979 "Social myth as hypohtesis: the case of the family relations of old people." The Gerontologist 19(1)3-9.

The theme of this lecture by Shanas is that old people in America are not alienated from their families contrary to social myths which have us believe otherwise. Even when the elderly have no children, other family members usually pitch in.

The family provides support, crisis intervention, and is the primary basis of security for adults in later life.

She dispells myths about the so-called alienation by pointing out that, while the proportion of elderly living with their children has declined, the proportion living near a child has risen. Of old people living alone, half of those with children live within 10 minutes of a child. Other interesting "myth-dispelling" facts are offered.

Simos, Bertha G.
1973 "Adult children and their aging parents." Social work 18(3):78-95.

This study of the relationship of Jewish-American adult children to aging parents found that the children were intensely involved in helping their paents cope with a wide range of problems. Although the study dealt with a specific ethnic group, the author believes that the findings have implications for social work with all aged persons.

Snow, David L. and Judith B. Gordon
1980 "Social network analysis and intervention with the elderly." The Gerontologist 20(4):463-467.

The purpose of this paper is (1) to present an approach to the study of social networks; and (2) to demonstrate the applicability of network analysis in determining intervention strategies with the elderly. Social network analysis involves the qualitative and quantitative assessment of the individual's interpersonal relationships, of the degree of integration into various organizational settings, and the availability of necessary supportive services. This type of analysis reveals strengths within the network to be reinforced, or negative influences that need to be removed or modified. We criticially evaluate the risks and gains of network analysis and intervention, and consider certain policy implications.

Weeks, John R. and Jose B. Cuellar
1981 The role of family members in the helping networks of older people." The Gerontologist 21(4):388-394.

Helping networks of older people in 10 differnt ethnic groups were examined for the extent to which they include family members. It was found that immigrants were more likely than native-born older people to have family members to turn to in times of need. Data were drawn from a survey of 1139 older people in San Diego County. Although older people are not generally abandoned, policy-makers and senior providers need to be aware that major group differences exist in the helping networks of older people.

Wells, Lilian and Grant MacDonald
1981 "Interpersonal networks and post-relocation adjustment of the institutionalized elderly." The Gerontologist 21(2):171-183.

Interpersonal networks of 56 residents in a home for the aged were studied before and after relocation. Close primary relations were associated with successful adjustment to relocation as measured by changes in life satisfaction, in degree of physical infirmity, in psychological deterioration and agitation. Further study is needed to focus on the differential quality and nature of intimate ties in the friendship, kinship, and caregiving sectors of the network and to determine how helpful interactions can be fostered.

Wentowski, Gloria J.
1981 "Reciprocity and the coping Strategies of older people: cultural dimensions of network building." The Gerontologist 21(6):600-609.

A two-year anthropological study used structured interviews and participant observation to obtain an insider's perspective on "helping out" within the networks of fifty older people living in the urban South. This paper describes: (1) the cultural rules directing exchanges of support within the networks, and (2) the variation in the way older individuals interpret these rules in creating support over time. The research also reveals the great personal signifiance of reciprocity for preserving the self-esteem of older people.

SOCIAL SUPPORT AND HEALTH/STRESS

Berkman, Lisa F. and S. Leonard Syme
1979 "Social networks, host resistance, and mortality: a nine-year follow-up study of Alameda County residents." American Journal of Epidemiology 109:186-204.

The relationship between social and community ties and morality was assessed using the 1965 Human Population Laboratory survey of a random sample of 6928 adults in Alameda County, California and a subsequent nine-year mortality follow-up. The findings show that people who lacked social and community ties were more likely to die in the follow-up period than those with more extensive contacts. The age-adjusted relative risks for those most isolated compared to those with the most social contacts were 2.3 for men and 2.8 for women. The association between social ties and morality was found to be independent of self-reported physical health status at the time of the 1965 survey, year of death, socioeconomic status, and health practices such as smoking, alcoholic beverage consumption, obesity, physical activity, and utilization of preventive health services as well as a cumulative index of health practices.

Gore, Susan
1978 "The effect of social support in moderating the health consequences of unemployment." Journal of Health and Social Behavior 19 (June):157-165.

In the context of a longitudinal investigation of the physical and mental health consequences of involuntary job loss, it is hypothesized that social supports modify the relationship between unemployed stress and health responses. As a result of two plant shutdowns, 100 stably employed, married men were interviewed at five stages over a two-year period. Social support was measured by a 13-item index covering the extent of supportive and affiliative relations with wife, friends and relatives. The rural unemployed evidenced a significantly higher level of social support than did the urban unemployed, a difference probably due to the strength of ethnic ties in the small community and a more concerned social milieu. No differences between the supported and unsupported were found with respect to weeks unemployed or to actual economic deprivation. However, while unemployed, the unsupported evidence significantly higher elevations and more changes in measures of cholesterol, illness

symptoms and affective response than did the supported. While health differences between supported and unsupported populations under stress are commonly interpreted as evidence that support buffers the effects of life stress, it is argued that these and other study findings demonstrate the exacerbation of life stress by a low sense of social support.

Gortmaker, Steven L., John Eckenrode and Susan Gore
1982 "Stress and utilization of health services: a time series and cross-sectional analysis." Journal of Health and Social Behavior 23 (March):25-38.

The present study examines the relationship between stress and the utilization of health services. Utilizing a prospective diary methods with a random sample of 96 female users of a neighborhood health center, bivariate analysis indicate that the presence of stress on a given day is associated with an approximate doubling of the probability of a health care contact on that day. When controls are introduced into these analyses for a variety of background characteristics of these families, the daily stress/utilization relationship persists, independently of reported symptoms. In addition, a measure of stressful life events reported prior to the diary period also predicts utilization independently of both the daily stresses and reported symptoms; the stressful life-events variable in fact is one of the best single predictors of utilization. The diary data are also aggregated to approximate a retrospective research design, and substantial evidence of aggregation bias is found.

Kaplan, Berton H., John C. Cassel and Susan Gore
1977 "Social support and health." Medical Care 15 (5):47-58.

How does social support relate to health? In this article, the authors ask four basic questions about social support: (1) What is the evidence linking support to health? (2) What is altered in the person by support? (3) How can the properties of social support be described and ordered? and (4) What are the medical care implications?

LaRocco, James M., James S. House and John R. P. French Jr.
1980 "Social support, occupational stress and health." Journal of Health and Social Behavior 21 (September):202-218.

The present paper is concerned with the buffering hypothesis that social support ameliorates the impact of occupational stress on job-related strain and health. Previous studies of this hypothesis have yielded conflicting results. Our purpose, therefore, is twofold. First, we summarize the literature in this area and review several studies in detail, all of which found main effects of social support on perceived occupational

stress and on some health outcome measures. Three of the studies were specifically designed to examine the buffering effects of support. Of the three, two found little or no evidence for buffering (LaRocco and Jones, 1978a; Pinneau, 1975), whereas the third reported buffering effects (House and Wells, 1978).

Second, we atcempt to reconcile these different conclusions by reanalyzing one data set--first analyzed by Caplan et al. (1975) and then by Pinneau (1975)--using a moderated regression technique identical to that used in the LaRocco and Jones (1978a) and House and Wells (1978) studies. The data used for this analysis consist of a randomly stratified sample of men from 23 occupations (N=636). Our review and findings support the buffering hypothesis for mental and physical health variables (anxiety, depression, irritation, and somatic symptoms), but, as in the previous three studies, fail to support the buffering hypothesis in regard to job-related strains (job dissatisfaction, boredom, dissatisfaction with work load).

Lin, Nan, Walter M. Ensel, Ronald S. Simeone and Wen Kuo
1979 "Social support, stressful life events, and illness: a model and an empirical test." Journal of Health and Social Behavior 20 (June):108-119.

The effects of social support and stressors (stressful life events) on illness (psychiatric symptoms) are examined in a model with data from a representative sample of the Chinese-American adult population in Washington, D.C. The analysis shows that, as expected, stressors are positively related to the incidence of psychiatric symptoms, and social support is negatively related to psychiatric symptoms. Further, the contribution of social support to predicting symptoms is greater in magnitude than that of stressful life events. When marital status and occupational prestige are incorporated into the model, the significant (negative) contribution of social support to symptoms is not reduced. Implications for the theoretical development of a sociomedical theory of illness are discussed.

McFarlane, Allan H., Geoffrey R. Norman, David L. Streiner, Rajan Ray and Deborah J. Scott
1980 "A longitudinal study of the influence of the psychological environment on health status: a preliminary report." Journal of Health and Social Behavior 21 (June):124-133.

This paper describes prospective study, to be completed in May of 1980, that is examining various aspects of the psychosocial environment and their relationship to health status. Over a two-year period, measures are being taken on a sample of 500 subjects of: (1) social relationship networks; (2) the extent to which subjects perceive themselves as having some control over their environment; (3) accumulating life changes; (4) subjective strain; and (5) health status. The research hypothesis states that the extent to which individuals are successful in

coping with changes in their lives will be reflected in the degree to which they report distress or strain. It is this cost in the coping struggle that results in an increase in the likelihood of health problems. Although the study does not as yet have an adequate data base on the health status measures, the preliminary results reported in this paper indicate that positive (desirable) life events do not have a significant statistical correlation with the measure of strain, whereas negative (undesirable) life events do. Furthermore, two dimensions of life events, anticipation and control, add substantial and interactional information about these relationships.

Pilisuk, Marc and Meredith Menkler
1980 "Supportive networks: life ties for the elderly." Journal of Social Issues 36(2):95-116.

Recent studies suggest that the increased vulnerability of the older person of physical and/or mental breakdown is related to loss or deficiency in the pattern or supportive ties.

With increases in the geographical separation of adult children from their parents, and with greater longevity, the needs of the elderly are increasingly being transferred from the family either to public service settings or to voluntary associations. The resource needs depend in part on the individual's existing contacts and state of health, as well as upon the psychological history of the person.

Various programs have addressed the differences in social support for older people in markedly different ways. Six different programs are examined to illustrate the importance of attention to health status, ethnicity, and style of life in the provision of social support. By evaluating the offerings of these programs against the concepts of network theory we are able to show how the needs for social support among the elderly are highly differentiated and deserving of equally differentiated forms of response.

Thoits, Peggy
1982 "Conceptual, methodological and theoretical problems in studying social support as a buffer against life stress." Journal of Health and Social Behavior 23 (June):145-159.

The buffering hypothesis suggests that social support can moderate the impacts of life events upon mental health. However, several problems have yet to be resolved in this literature. Social support has been inadequately conceptualized and operationalized; therefore, the specific dimensions of support that reduce event impacts cannot be identified. The direct effect of events upon support and the interactive (buffering) effect of events with support have been confounded in many studies, such that results

may have been biased in favor of the hypothesis. The relationships between events, support and psychological disturbance have not been overlooked. This aticle reviews empirical work on the buffering hypothesis, outlines alternate conceptualizations and operationalizations of support, presents a refined hypothesis and model for analysis, and suggests three theoretical approaches that may be used to explain the interrelationships between support, events and disturbance.

Turner, R. Jay
1980 "Social support as a contingency in psychological well-being." Journal of Health and Social Behavior 22 (December):357-367.

This paper considers the association between social support, conceived and assessed from a social-psychological perspective, and psychological well-being. The magnitude and consistency of the relationship are evaluated across four studies involving very diverse populations. Evidence is also presented on casual ordering and the distinctiveness of the social support and psychological well-being dimensions, and on the question of whether social support has pervasive effects or functions only, or primarily, as a buffer in the fact of unusual difficulty.

Findings across the four studies suggest a modest, but reliable, association between the experience of social support and psychological well-being. Evidence is also presented consistent with the view that some part of the causation involved goes from social support to psychological well-being and vice versa, and indicating that the two variables have different major discriminants. Evaluation of the effects of level of stress upon the support/well-being relationship suggests that social support has significant main effects, that it is most important in stressful circumstances, and that these relationships vary across social class groupings.

Unger, Donald G. and Douglas R. Powell
1980 "Supporting families under stress: the role of social networks." Family Relations 29:566-574.

The role of family social networks in mediating the effects of stress has been underscored in the literature. Drawing from sociological and psychological studies, family's adaptation to societal crises, life transitions and family conflicts. Who helps and when, the types of support offered and given, the conditions influencing the use and effect of networks, and the implications for professional intervention are discussed.

Williams, Ann W., John E. Ware Jr., and Cathy A. Donald
1981 "A model of mental health, life events, and social supports applicable to general populations." Journal of Health and Social Behavior 22 (December):324-336.

This research addresses measurement issues, derives a model of the effects of life events on mental health, and tests hypotheses regarding the role of social supports in modifying these effects over time.

Analyses were based on a longitudinal study of persons (N=2,234) samples from a general population in Seattle, Washington, as part of Rands Health Insurance Experiment. In addition to socio-demographic variables, measure of physical limitations, mental health, social supports, and stressful life events were fielded twice (one year apart) using previously validated measures. Data for a random half of the sample were analyzed to evaluate different approaches to defining and scoring life events and social supports and to fit a model of the main and interactive effects of these variables on mental health. The best-fitting model was then cross-validated, using remaining half of the sample.

Results support the following conclusions: (1) social supports predict improvements in mental health over time, (2) life events and physical limitations predict a deterioration in mental health over time, (3) the negative effects of life events and physical limitations on mental health do not vary according to amount of social support, and (4) differences in measurement strategies for life events and social supports produce some variance in results, but not in conclusions about whether effects on mental health are additive or interactive.

Harbert, Anita S., and Carroll Wilkinson
1979 "Growing old in rural America." Aging (January):36-40.

The authors discuss the neglect of the large rural elderly population. The rural elderly are disadvantaged in terms of health care, economic status, educational attainment, housing and transportation. Yet social services are at a minimum in rural America. The services that need to be offered should account for the unique way of life in rural areas. Programs should build on the strengths and positive aspects of rural life, such as self-reliance and strong social support systems. In addition, time must be taken, soon, to learn of the rich heritage rural elderly have to offer.

Hynson, Lawrence M. Jr.
1975 "Rural-urban differences in satisfaction among the elderly." Rural Sociology 40(1):64-66.

The question of the extent of satisfaction the elderly experience with their family, their community, themselves, and others along a rural-urban continuum of residence is examined. The data were taken from the 1973 national probability sample compiled by the National Opinion Research Center. Findings indicate the community size relates to the aged population's sense of community satisfaction, general sense of happiness, perceived relations and fear. Satisfaction with the family was not related to community size.

Kivett, V. R. and J. P. Scott
1979 The rural by-passed elderly: perspectives on status and needs. Technical Bulletin No. 260, Greensboro, North Carolina: North Carolina Research Service.

There is reason to believe that the needs of the aging are of a greater magnitude and of a different nature in rural by-passed areas than in other rural or urban areas. Of the more than five million Americans aged 65 years and older who can be classified as "rural," many are subjected to the additional jeopardy of living in rural isolated areas. These individuals, compared to other urban and rural persons of similar age and sex status, are generally disadvantaged in terms of earlier educational opportunities, transportation, health, income, housing, and access to supportive services.

Little is known regarding the characteristics and needs of the rural by-passed elderly. Furthermore, there is little information on the physical and environmental variables that interact to produce differences in the qulaity of life experienced by them. It was the purpose of the present study to survey the general characteristics and needs of this significant group of individuals and to determine the relative importance of selected physical, social, and environmental variables to their quality of life.

Lee, Gary R. and Marie L. Lassey

1980 "Rural-urban differences among the elderly: economic, social and subjective factors." Journal of Social Issues 36(2):62-74.

This paper reviews previous research on differences between elderly persons residing in urban and rural locations. While the urban elderly have demonstrable advantages in terms of many "objective" indicators of quality of life, they appear to have no corresponding advantage in terms of subjective or emotional well-being, and perhaps even show a small disadvantage on such dimensions. The paper begins by documenting these differences, then considers some ways in which this paradox might be explained by examining some possible advantages of rural residence for the elderly.

Youmans, Grant E.

1977 "The rural aged." The Annals of the American Academy 429(January): 81-91.

Available data suggest that the rural aged, compared with urban older people, have substantially smaller incomes, are restricted in mobility because of inadequate transportation facilities, report poorer physical health, and reveal a more negative outlook on life. Evidence suggests the the industrialization of rural communities may have a negative impact upon the rural elderly. Periodic longitudinal studies of rural older persons in strategic locations of the nation are needed to provide guidance for programs and services.

SURVEY RESEARCH IN SOCIAL SUPPORT NETWORKS

Deseran, Forrest A. and Lisa Black

1981 "Problems with using self reports in network analysis: some empirical findings in rural counties." Rural Sociology 46(2): 310-318.

A review of findings from network studies reveals a pattern of high rates of nonreciprocation among informants' accounts of contact or relationship. These findings may indicate a tendency for inaccuracies or error in network data derived from self reports of actors. Because nonreciprocated accounts are "symmetrized" in much current research on decision-making or influence networks, figures are seldom published about the degree of agreement or disagreement among informants' accounts. This research note reports such findings for data from 13 case studies of decision-making networks in southern rural counties. Implications of these findings are discussed.

McCallister, Lynne and Claude S. Fischer

1978 "A procedure for surveying personal networks." Sociological Methods and Research 7(2):131-149.

The application of network analysis to certain issues in sociology requires measurement of individuals' personal networks. These issues generally involve the impact of structural locations on persons' social lives. One such case is the Northern California Community Study of the personal consequences of residential environments. This article describes and illustrates the methodology we have developed for studying personal networks by mass survey. It reviews the conceptual problems in network definition and measurement, assesses earlier efforts, presents our technique, and illustrates its applications.

HEALTH OF THE ELDERLY

Blazer, Dan G. and Jeffrey L. Houpt
1979 "Perception of poor health in the healthy older adult." Journal of the American Geriatrics Society 27:330-334.

A survey of 977 community subjects aged 65 or older identified 719 of them as not impaired in physical health. Of these, 104 (14 percent) perceived their physical status to be poor, whereas 615 (86 percent) accurately perceived it to be unimpaired. There were no significant differences between the two groups with regard to age, sex, race, social class, living arrangements and number of drugs used. The physically healthy elderly who perceived their physical status to be poor were more depressed, more hypocondriacal, and more dissatisfied with life. They tended to complain of multiple symptoms; activities of daily living were decreased, and they were more likely to visit their doctor frequently during the year (analysis controlled for physical health in each case). Mental health was slightly but significantly more impaired in these subjects; nevertheless, they were more likely to seek the help of a trained counselor. The findings suggest that a self-perception of poor health among the physically healthy elderly may represent a generalized request for attention from trained personnel in the social environment.

Chappell, Neena L.
1981 "Measuring functional ability and chronic health conditions among the elderly: a research not on the adequacy of three instruments." Journal of Health and Social Behavior 22 (March):90-102.

This paper empirically examines the reliability and validity of three measures of the health of the elderly: an index measuring the ability to perform the activities of daily living without help (Index of Living Skills), an index measuring functional disability (Shanas's Index of Disability), and an index measuring chronic health conditions (the index subsequently used in the U.S. Health Insurance Study). The data involve a random sample of elderly persons living in Manitoba in 1979. The analyses used--correlational matrices, factor analyses, internal consistency reliability coefficients, and construct validity--are reported separately for those living in conventional housing in the community, in subsidized housing, and in institutions providing some form of medical care. The results suggest that the Index of Living Skills measures not one but two underlying constucts (heavy and light tasks). Shana's Index of Disability

is reliable and valid when used among those living in the community and in institutions but not among those in subsidized housing, and the index of chronic conditions is relatively unreliable among all three groups of elderly persons.

Ethel Percy Andrus Gerontology Center
1980 Health and the diverse aged. Los Angeles, California: University of Southern California.

Deteriorating health in old age can seriously impact the lives of older adults. Without adequate health care services and supports, the elderly may lose their ability to live independently.

Government policies and programs strongly affect the health care available to older adults because government pays for the largest share of elderly health care costs. In the development of equitable government health care policies, it is, therefore, important that decision makers are aware of the needs of minority elderly groups as well as those of the majority white elderly population.

Fillenbaum, G. G.
1979 "Social context and self-assessments of health among the elderly." Journal of Health and Social Behavior 20:45-51.

Self-assessments of health made by randomly selected mentally capable older persons in the community (N=937) and in institutions (N=61) were compared with objective measures of their health (number of probelms, different medicines used, number of diagnosed illnesses). Self-assessment was found to be related to these objective health measures among community residents but not among those in institutions. Among community residents, but not among those in institutions, there were also sex-related differences, women having a poorer objectively assessed health status for a given self-assessment of health than men. These findings extend those of others which indicate that health self-assessments reflect actual health status (and so are useful in surveys), by showing that the accuracy of the information obtained can be enhanced when the sex of the respondent is taken into account.

Friedsam, H. J. and Harry W. Martin
1963 "A comparison of self and physicians' health ratings in an older population." Journal of Health and Human Behavior 4:179-183.

A study of the relationships between self and physicians' health ratings, secured as responses to a five-point scale which were subsequently dichotomized as "favorable" or "unfavorable," yeilded the following results: (1) a positive, but weak, relationship between the two sets of ratings; (2) Self ratings tended to be

lower than physicians' ratings; (3) Self-ratings were more closely related to selected attitudinal and behavioral items than were physicians' ratings. Although the design and instruments were different, in general the findings tend to support those from a similar study by Streib, Suchman, and Phillips.

Hunt, Sonja M., S. P. McKenna, J. MeEwen, E. M. Backett, Jan Willians and Evelyn Papp
1980 "A quantitative approach to perceived health status: a validation study." Journal of Eqidemiology and Community Health 34:281-286.

The current recognition of the importance of perceived health status as a predictor of need for, and utilization of, health services has led to attempts to produce indicators which assess subjective rather than objective health problems. The development of the Nottingham Health Profile is described, together with a study which tested the vaidity of the instrument on four groups of elderly people differing in health status. The results showed that the profile was capable of discriminating between groups differing in terms of diagnosed chronic illness, number of consultations at primary care level, and physological fitness. Age, sex and marital status were not significant overall in affecting scores. In these elderly subjects, perceived health status accorded well with objective health status. Further tests of the profile are now taking place on younger groups of subjects.

Linn, Bernard S., Margaret W. Linn, Shayne R. Greenwood and Lee Gurel
1974 "Validity of impairment rating made from medical records and from personal knowledge." Medical Care 12(4):363-368.

The extent to which medical records supply reliable and valid data about a patient's condition is unknown. Recent emphasis on evaluation of quality of care by record review makes this an important issue. One hundred and three male patients (mean age 65) discharged from hospital to extended care were studied. At hospital discharge, the patient was rated by his physician on a 13-item impairment scale. Another physician, using only medical records, rated the same patients on the same scale. Similarity between ratings was found to be low. Vaidity was studied by following patients six months later to classify them as living (75) or dead (28). Each set of ratings was then used to predict death, on the assumption that degree of impairment would be related to subsequent death. Both sources predicted death at a highly significant level; however, slightly different predictors were elicited depending on whether records or personal knowledge were used. Common predictors were respiratory, hepatic, and neurologic impairment, with in person ratings adding upper gastrointestinal and record ratings adding vascular and psychiatric impairment. What might be concluded is that both sources were

valid, but both incomplete. Records had missing data, and physicians using personal knowledge tended to think only of the patient's treated condition.

Linn, Bernard S. and Margaret W. Linn
1980 "Objective and self-assessed health in the old and very old." Social Science and Medicine 14:311-315.

There is increasing supports for the concept that persons who live into extreme old age are biologically elite. In this study, self-health assessments and eight objective health indices were studied in 286 elderly living in the community. Self-help was measured on a 5-point scale ranging from very poor to excellent. Objective health measures included impairment and disability rating: number of physician visits, days in bed, and days hospitalized for the prior six months; diagnoses; medications; and operations. The sample was divided by good (70%) and poor (30%) self-health assessments and by old (age 65-74, 66%) and very old (75 and over, 34%). The objective health measures were compared between these groups in a multivariate analysis of variance. Number of medications was less and surgical operations more for the very old than old. All but two of the eight objective measures of health (surgery and days in bed) differentiated significantly between self-assessed health groups. It therefore seems that age, by itself, is a poor indicator of health among the elderly; however, how the elderly view their own health may be an extremely useful clinical guide as to their overall health status.

Linn, Margaret W., Kathleen I. Hunter, and Bernard S. Linn
1980 "Self-assessed health, impairment and disability in Anglo, Black and Cuban Elderly." Medical Care 18:282-287.

Self-assessed health and physician-rated impairment were compared for 174 Anglo, black and Cuban elderly medical outpatients. Level of disability was also recorded by the interviewer. A minimal correlation was found between patient and physician-related health. Self-assessed health and level of functioning were associated significantly in each of the three cultures. The way patients perceived their health and functioned differed by culture, but impairment ratings of the physician did not discriminate among cultures. It seems likely that nonmedical factors may explain cultural differences in perception of health as well as how these perceptions influence ability to perform everyday activities of living. The patients' estimates of health appear to be an important factor in their overall health status, which physicians could use to augment their assessments of impairment. Since self-assessed health relates to level of functioning and to the way the elderly react to an illness, it can be seen as a useful component in evaluating health and predicting patient behavior.

Maddox, George L.
1962 "Some correlates of differences in self-assessment of health status among the elderly." Journal of Gerontology 17:180-184.

The research reported here was concerned with the investigation of selected correlates of differences in self-assessment of health among 251 non-institutionalized elderly subjects. The following tentative conclusions seem warranted:

The objective state of an elderly person's health is the most important single determinant of his self-assessment of health status.

Pessimism about one's health status as reflected in overestimation of poor health is associated with a general anxiety about health and poor adjustment to the environment, while optimism about one's health is associated with the absence of these two characteristics.

Despite the importance of objective health status in determing self-assessments of health, placement in the social structure is also related to optimism and pessimism about health, particularly the factors of age and social status; older subjects and those with higher status are more likely than others to be optimistic about their health. Social factors seem to contribute to the deviant self-assessments of health more among subjects medically assessed to be in good health than those medically assessed to be in poor health.

Maddox, George L.
1964 "Self-assessment of health status: a longitudinal study of selected elderly subjects." Journal of Chronic Disease 17: 449-460.

The author theorizes that what an individual believes his health status to be is an intervening variable between the objective state of his health and his acceptance or rejection of the sick role. A panel of 176 noninstitutionalized ambulatory elderly (median age 70 years) were asked to rate their health as excellent, good, fair or poor. Objective health status was related through tests of physical functioning and clinical evaluation. Factors such as age, sex, occupation, morale and preoccupation with health were explored. Two of three subjects displayed a reality orientation in their subjective evaluations of health status. Among the one subject in three who disagreed with physician's assessment of his health, a pattern of social and attitudinal factors was found to distinguish between subjects with incongruous subjective assessments who were predisposed to be optimistic and those predisposed to be pessimistic.

Maddox, George L. and Elizabeth B. Douglass
1973 "Self-assessment of health: a longitudinal study of elderly subjects." Journal of Health and Social Behavior 14:87-92.

Fifteen years after 270 persons 60 years of age and over were first studied in a multidisciplinary longitudinal study of aging, 83 panelists were available for a sixth observation. In an investigation of the relationship between self and physicians' assessment of general health status the following was demonstrated: (1) There is a persistent, positive congruence of the two types of health ratings. (2) Whenever there is incongruity the tendency is for the individual to overestimate his health. (3) There is a substantial stability of both types of ratings through time. (4) The self health rating tends to be a better predictor of future physicians' ratings than the reverse. (5) Self-ratings of health have utility as a measure of health in survey research when objective measures are not feasible.

McCoy, John L. and David L. Brown
1978 "Health status among low-income elderly persons: rural-urban differences." Social Security Bulletin 41(6):14-26.

This research compares the health status of low-income elderly persons in rural and urban areas. Using data from the Social Scurity Administration's 1973 national survey of low-income aged and disabled, the study demonstrates that the prevalence of many chronic disorders and impairments is significantly greater among the rural aged than for their cohorts in more urban areas. These differences persist after controls for age, sex, and race are introduced. No significant differences between the rural and urban elderly were apparent in the utilization of health services. The determinants of chronic health status of the elderly have already occurred, by and large, and an explanation of disorders and impairments cannot be found by examining current sociodemographic status. Such an explanation is contained in the accumulated effects of years of residence in differeing social, economic, and physical environments.

McCrae, Robert R., Paul T. Bartone and Paula T. Costa
1976 "Age, anxiety and self-reported health." International Journal of Aging and Human Development 7:49-58.

A sample of 472 normal males ranging in age from 25 to 82 was divided into anxious and adjusted groups on the basis of a cluster analysis of the Cattell 16PF test, and compared for scores on a self-report measure of health. While the anxious men reported more symptoms than the adjusted in the young and middle-age groups, there was no difference in the old group. Although anxiety was found to be unrelated to health as evaluated by physicians' examinations, the anxious men indeed reported more

health problems in eight major areas of health concern than was warranted by their actual physical health staus. This relation also did not hold in the old group. Anxious men seemed to be more vigilant about their health in young and middle age groups, but not in the old group. This was interpreted as a defensive denial of symptoms in the old anxious group; for a person with trait anxiety, anxiety about approaching death and increasing health problems is just too much to bear, and he resorts to denying symptoms in an effort to diminish his anxiety.

Mossey, Jan M. and Evelyn Shapiro
1982 "Self-rated health: a predictor of mortality among the elderly." American Journal of Public Health 72(8):800-808.

Data from the Manitoba Longitudinal Study on Aging (MLSA) were used to test the hypothesis that self-rated health (SRH) is a predictor of mortality independent of "objective health status" (OHS). Subjects were a random sample of non-institutionalized residents of Manitoba aged 65+ in 1971 (n=3,128). A single item measure of SRH was obtained during a survey conducted in 1971; a baseline measure of OHS was derived from physician and self-reported conditions and health service utilization data. Occurance and date of death during the years 1971-1977 were known.

Analyses of the data revealed that, controlling for OHS, age, sex, life satisfaction, income and urban/rural residence, the risk of early mortality (1971-1973) and late mortality (1974-1977) for persons whose SRH was poor was 2.92 and 2.77 times that of those whose SRH was excellent. This increased risk of death associated with poor self-rated health was greater than that associated with poor OHS, poor life satisfaction, low income and being male. These findings provide empirical support for the long held, but inadequately sustained, belief that the way a person views his health is importantly related to subsequent health outcomes.

Rosencrantz, H. A. and C. T. Pihlblad
1970 "Measuring the health of the elderly." Journal of Gerontology 25:129-133

This paper has described an attempt to construct a health index based on information obtained from the S by personal interview. Validation of the index has been made by relating it to the extent of physical impairment or degree of physical mobility and to the individual's self-perception of health. As shown in the tables and figure, the score on the index is closely related to self-assessment of health. Similarly, the extent of bodily impairment or physical mobility is shown to increase steadily with decline in state of health as measured by the Health Index.

While items which make up the index are based on self-reported statements, it should be recognized that many of these are based

on previous diagnostic exposure. A S could hardly report that he has high blood pressure unless told so by a physician. A self-diagnosis of diabetes is most unlikely. The experience of a "stroke" could hardly be reported unless it had actually occured.

Although ideal validation procedures would suggest comparison of health measures on known health status groups including younger people, the materials presented do indicate a prcedural technique for establishing relative categories of health status when clinical examination of many respondents is neither practical or possible.

Tissue, Thomas

"Another look at self-rated health among the elderly." Journal of Gerontology 27:91-94.

Interview data was gatered from 256 aged welfare recipients living in noninstitutional setting. Subjects were asked to rate their health but were also asked to perform five increasingly difficult physical tasks as well as list their health problems. Questions were also asked concerning their medical care, response to aging and morale. The findings suggest that subjective health ratings are associated most closely with other indicators (objectively and subjectively defined) rather than with general considerations of morale or self image.

SOCIAL SERVICES AND THE ELDERLY

Beattie, W. J. Jr.
1976 "Aging and the social services." In R. H. Benstock and Ethel Shanas (eds.), Handbook of Aging and the Social Sciences. New York: Van Nostrand.

Beattie provides an overview of the emergence of social services for the aged and the underlying issues behind their development; a discussion follows of the various planning and delivery services; finally, the needs for manpower, training programs, and research are identified. A prospective look at the future for social services to the aging is provided. The article is useful in that it exposes some of the problems to the present delivery system. Beattie also makes suggestions for what social services to the aging population should include, employing the Life-Span Developmental Approach.

Coward, Raymond T.
1971 "Planning community services for the rural elderly: implications from research." The Gerontologist 19(2):275-282.

Coward provides an overview of empirical research which addresses the aging process in rural areas. The purpose is to dispel myths about the aged in these areas in order that more effective strategies for delivering services may be implemented. He points out the fact that rural and urban environments are different, thus requiring "unique consideration during planning and delivery." This issue has often been overlooked which has been detrimental to effective service delivery. Another area which has been overlooked when planning services for rural areas is the diversity of needs which exist among this population. A developmental approach to service delivery is suggested.

Crossman, Linda, Cecilia London and Clemmie Barry
1981 "Older women caring for disabled spouses: a model for supportive services." The Gerontologist 21(5):464-480.

With the emphasis on long term care of the elderly shifting from institutional to community-based services, the critical role of caregivers in the support network is gaining more recognition. This paper identifies a particular high-risk group of caregivers--older women caring for disabled spouses--and examines the issues and special problems they face. A multi-service project designed to provide support and respite is described. Implications for policy and practice are discussed and recommendations for further study made.

Farmer's Home Administration
1979 Report of the national strategy conference on improving service delivery to the rural elderly. Washington, D.C.: US Department of Agriculture.

This report summarizes the problems that were discussed at the National Strategy Conference in Improving Service Delivery to Rural Elderly, held in Des Moines, Iowa, on January 28 - February 2, 1979. The report is organized around seven fundamental subjects that were highlighted in the conference agenda as being particular problem areas in providing services to the rural elderly. These include transportation, health, housing, nutrition, outreach and income/employment. The strategies recommended were made to enable professionals to provide better services to the rural elderly.

Hayslip, Bert Jr., Marylou Ritter, Ruth Ottman and Connie McDonnell
1980 "Home care services and the rural elderly." The Gerontologist 20(2):192-199.

Two independent studies examined a needs versus an agency perspective on home health care service needs within a primary rural county. Interviews with 299 elderly, aged 60 to 93, revealed that there were substantial needs for home health care services in 22 of 35 cases and that the desire for services varied with residence within the county. Agency data suggested that service delivery was not based on population distribution and that income, service accessibility, service visibility, interagency coordination and staff priorities were factors affecting the quality and quantity of service.

Laurie, William F.
1978 "Employing the duke OARS methodology in cost comparisons: home services and institutionalization." Center Reports on the Advances in Research (Summer):2.2.

The Cleveland, Ohio, branch of the US General Accounting Office (GAO) used basic research to provide a reliable methodology to assess the impact of federal programs and other services on the well-being of older persons. The survey included a sample population of 1,609 older persons living in Cleveland, Ohio and employed the Multidemensional Functional Assessment Questionnaire developed by the Older Americans Resources and Services Program (OARS) at the Duke University Center for the Study of Aging and Human Development. The major question addressed in this article was: "Taking the status of well-being of older persons into consideration, at what point does the cost of their receiving services at home exceed the cost of institutionalization?" Findings point out that the potential for home health benefits as an alternative to institutionalization depends to a large degree on a person's living arrangements and the support of family and friends.

Moen, Elizabeth
1978 "The reluctance of the elderly to accept help." Social Problems 25(3):293-303.

This study is concerned with the methodology of needs assessment, and an understanding of why the elderly don't take advantage of existing programs and services. Data were obtained through 25 in-depth interviews and briefer interview of clients and service personnel in senior centers, meal sites, and agencies. It was found that direct assessment of needs (via direct questions, suggestion lists, contingency planning and projection) may not be possible. The elderly are reluctant to admit need or accept help and may even deny using services. They seem to have devised their own model of services with those perceived to have been earned or which require a donation most acceptable and those having a minimum income eligibility least acceptable. Findings are explained in terms of relative deprivation and through an analysis of the social and economic history of age cohorts representing the older, younger and future elderly. It is concluded that since successive cohorts have experienced better times and a more liberal social atmosphere, they will feel increasingly needier and be increasingly aggressive about getting assistance.

Nelson, Gary
1980 "Social services to the urban and rural aged: the experience of area agencies on aging." The Gerontologist 29(2):293-303.

This study of Area Agencies on Aging was undertaken in order to analyze differences in organizational characteristics and capacities, success in resource mobilization, contextual environmental influences, and service expenditure patterns between urban and rural agencies. Survey methods were used and an 84 percent response rate was achieved; the final analysis included 137 out of 402 returns. Findings indicate that Rural Area Agencies are particularly deficient in the fiscal and professional staff resources necessary to provide a continuum of care for the aged, especially the at risk and frail. The implications point to the fact that the need exists for "designation of criterial pertaining to administrative and program minimums essential to the successful operation of an Area Agency," and the need for a resource allocation formula to be used for rural and urban Area Agencies.

Powers, Edward A. and Gordon L. Bultena
1974 "Correspondence between anticipated and actual uses of public services by the aged." Social Service Review 48:245-254.

Rising public concern for ameliorating social problems in American society has produced many social surveys. These surveys typically seem to demonstrate through verbal or written statements obtained from samples of individuals representing particular target populations, both the nature of existing needs and the desire for public

services. Needs of client systems usually have been identified by asking individuals what they consider their own and/or their community's needs, and whether they would utilize social welfare programs designed to meet these needs. The question addressed in the paper is whether verbalized statements of needs and of a willingness to use social welfare programs as obtained in one such survey were later reflected in the actual use of these programs. We were able to examine this issue through longitudinal data on a group of older persons. Our evidence suggests that earlier statements of personal need and willingness to use public programs are not a good indicator of later behavior. An added finding is that most existing nonfinancial needs are being met through established friend and family networks.

Schmandt, Jurgen, Victor Bach and Beryl A. Radin
1979 "Information and referral services for elderly welfare recipients." The Gerontologist 19(1):21-27.

The Supplemental Security Income program introduced in 1974, brought with it an increased need for Information and Referral (I&R) services for the elderly poor. A study of I&R at federal, state and local levels, based on field research in four states and 16 localities, showed limited impact of federal and state initiatives aimed at improving I&R. Local initiatives more than anything eles, determined the quality of I&R offered in different communities. Urban and rural settings require different approaches.

Schneider, Robert L.
1979 "Barriers to effective outreach in title VII nurtrition programs." The Gerontologist 19(2):163-168.

In 1972, Congress enacted the Nutrition Act under Title VII of the Older Americans Act in order to initiate a new national policy which would provide older Americans, particularly those with low incomes, with nutritionally sound meals served in strategically located community centers. There is little evidence that Title VII outreach efforts actually identifies, informs, and persuades the neediest elderly to participate. This paper identifies some of the significant personal, environmental, and programmatic barriers to effective outreach that exist today. Policy and program recommendations are proposed to overcome the negative impact of these barriers.

Snider, Earle L.
1980 "Awareness and use of health services by the elderly: a Canadian study." Medical Care 18(2):1177-1182.

Various factors, especially health status and income levels, have been viewed as the major factors impeding and/or promoting health service utilization. This research determined the extent to which a probability sample of Canadian senior citizens were correctly

aware of the services provided by relevant health agencies and the extent to which income and health status factors were related to their use of those services. It was determined that awareness of health agencies influenced patterns of use more than other factors. Implications of the findings are discussed.

Snider, Earle
1980 "Factors influencing health service knowledge among the elderly." Journal of Health and Social Behavior 21(December):371-377.

There is considerable interest in determining user patterns with respect to health services, especially among the elderly. The present research is concerned with determining the factors that are associated with knowledge levels regarding ancillary health services available to the elderly. A survey study of noninstitutionalized senior Canadians revals that predisposing factors, such as age and health status, are less associated with what the elderly know of relevant health services than are enabling factors, such as education and prior health service use. The implications of these findings are discussed.

United States Senate
1981 Policy decisions on providing long-term, in-home services for the elderly. Report No. HRD-82-4. Washington, D.C.: US General Accounting Office.

Long-term, in-home care consists of services to the elderly who, because of chronic functional disabilities, need assistance with basic activities of daily living. Studies have generally shown that in-home services prolong life and maintain or increase the elderly's independence. There is, however, disagreement on whether long-term, in-home assistance has any impact on the number of elderly who are or who would be receiving long-term care in nursing homes. The report recommends that more information on the costs and benefits of serving the elderly in the long-term, in-home setting would be helpful in making policy decisions on how to contain costs without unreasonably restricting the availability of needed services.

AGING: FAMILY RELATIONS, HEALTH, AND SOCIAL SERVICES

Atchley, Robert C., Sherla J. Miller and Lillian Froll
1979 Families in Later Life. Belmont, California: Wadsworth.

Benstock, Robert H. and Ethel Shanas (eds.)
1976 Handbook of Aging and Social Sciences. New York: Van Nostrand.

Bott, Elizabeth
1957 Family and Social Networks. London: Tavistock Publications Limited.

Burdman, Geral Dene Marr and Ruth M. Brewer
1978 Health Aspects of Aging. Portland, Oregon: Continuing Education Publications.

Cohen, Steven Z. and Bruce M. Gans
1978 The Other Generation Gap: You and Your Aging Parents. New York: Warner Books.

Cohler, Bertram J. and Henry U. Grunebaum
1981 Mothers, Grandmothers, and Daughters: Personality and Child Care in Three-Generation Families. New York: John Wiley and Sons.

Field, Mina
1972 The Aged, The Family, and The Community. New York: Columbia University Press.

Ford, Thomas
1978 Rural USA: Persistence and Change. Ames: Iowa State University Press.

Frankfather, Dwight L., Michael J. Smith and Francis G. Caro
1981 Family Care of the Elderly. Lexington, Massachusetts: Lexington Books.

Furukawa, Chiyoko and Dianna Shomaker
1982 Community Health Services for the Aged: Promotion and Maintenance. Rockville, Maryland: Aspen Systems Corporation.

Gelfand, Donald E. and Jody K. Olsen
1980 The Aging Network: Programs and Services. New York: Springer Publishing Company.

George, Linda K. and Lucille B. Bearon
1980 Quality of Life in Older Persons. New York: Human Sciences Press.

Harris, Charles S.
1978 Fact Book on Aging: A Profile of America's Older Population. Washington, D.C.: The National Council on Aging, Inc.

Hoffman, Adline M. (ed.)
1970 The Daily Needs and Interests of Older People. Springfield, Illinois: Charles C. Thomas.

Kim, R. K. and C. P. Wilson (eds.)
1981 Toward Mental Health of the Rural Elderly. Lexington, Kentucky: University Press of America, Inc.

Loether, Herman J.
1975 Problems of Aging: Sociological and Psychological Perspectives. Belmont, California: Dickenson Publishing Company, Inc.

Lopata, Helena Znaniecka
1979 Women as Widows: Support Systems. New York: Elsevier North Holland, Inc.

Lowry, Louis
1980 Social Policies and Programs on Aging. Lexington Massachusetts: Lexington Books.

Matthews, Sarah H.
1979 The Social World of Old Women: Management of Self-Identity. Beverly Hills, California: Sage Publications.

May, Elizabeth Eckhardt, Neva R. Waggoner and Eleonor B. Hotte
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